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11/11/63

Borough of Tamworth



# ANNUAL REPORTS

of the

Medical Officer of Health

and the

Senior Public Health Inspector

Financial Year ended 31st December, 1963

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PUBLIC HEALTH DEPARTMENT,  
5 LADY BARN,  
TAMWORTH.





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9, LADY BANK,  
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# ***Borough of Tamworth***

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## **HEALTH AND HOUSING COMMITTEE**

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Councillor A. Marriott, Chairman.

Councillor R. W. F. Walton, Vice-Chairman.

Alderman E. A. Courts

Alderman H. V. Powell

„ R. M. Turner

Councillor P. J. Dix (Mayor)

Councillor F. A. Jewsbury

„ T. P. Kennedy

„ Mrs. K. E. Mugleston

„ S. Munn, Senr.

„ Mrs. L. Tricklebank

„ M. Wilcock

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Medical Officer of Health :

A. Blench, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

(Resigned 31st October, 1963)

I. D. McIntosh, M.A., M.B., B.Chir., D.P.H.

(Commenced 1st November, 1963)

Senior Public Health Inspector:

H. Birchwood, C.S.I.B., M.A.P.H.I.,

Cert. Insp. of Meat and Foods.

Additional Public Health Inspector :

A. G. Toon, A.R.S.H., M.A.P.H.I.

Cert. Insp. of Meat and Foods.

Student Public Health Inspector :

J. Thompson

(Commenced 28th October, 1963)

Clerk/Typist :

Mrs. E. M. Mason

# ANNUAL REPORT

## OF

# THE MEDICAL OFFICER OF HEALTH

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**TO THE MAYOR, ALDERMEN AND COUNCILLORS  
OF THE BOROUGH OF TAMWORTH**

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the Health of the Borough for the year 1963. I was your Medical Officer for only the last two months of that period so almost all the contents of the Report relate to the work of my predecessor.

It is probably as strange to you as it is frustrating to me that the Report for the year 1963 should come before you during the last part of 1964 at a time when minds turn to the year 1965 that lies ahead. There are several reasons for this, many understandable and some excusable, but they relate mostly to the fact that many of the figures and much of the information is gathered from sources outside the Health Department and channels of communication often seem to be sluggish. Allied to this is the unforeseen delay in the Registrar General's Department as they changed the manner of presentation of their data. I must also bear some responsibility for its lateness, and this is due to my changing the form of the Report so that its contents are presented in a style somewhat different from previous years.

It has never been very clear to me what is the purpose of the Annual Report of a Medical Officer of a Sanitary Authority. Statistics on acreage, inhabited houses, and the product of a penny rate are of general interest to all but no particular interest to the Medical Officer of Health or Health Committee. The Vital Statistics of the area again are of general interest to all and can throw light on to those aspects of health which are good or bad, but the Health Committee of a Sanitary Authority has few powers at its disposal to improve these except by recommendations for re-housing. Details of causes of death again are of particular interest to the medical profession and the epidemiologist but it is difficult to see how you yourselves can have much effect on them. The cure and treatment of Infectious Disease lies with clinical medicine rather than with the Health Committee, and the investigation of an outbreak of food poisoning has very little to do with the Committee itself but rests with the Medical Officer of Health and his staff. Again, details of immunisation are of concern to the Local Health Authority and the General Practitioner, but your role in this seems doubtful.

Details of housing are the concern of the Housing rather than the Health part of the Committee, and the Town's water supply is controlled by an organisation which has little direct responsibility to the Council. And finally, as we are not a Food and Drugs Authority, details of food sampling, though of interest to us all, do not relate to your own functions.

I do not intend in any way to be cynical when I say that bound up with these comments on the report lies the whole question of the functions of your Medical Officer of Health. In years gone by there was a need for a man to improve the sanitary conditions of the population; when he was well-trained in Sanitary Engineering and had clinical duties both within and outside the local hospital, and when his assistants were not well-trained, it is easy to see that the Medical Officer of Health had a definite and useful function, but conditions now are quite different. There is no clinical work for him to do, his training shows him the problems of sanitary engineering in very little detail, and his assistants are far and away better trained in the sanitary aspects of health than he himself. At present the Medical Officer of Health seems to have eight functions:—

- (1) The condemnation of bad housing.
- (2) The investigation of applications for re-housing on medical grounds.
- (3) The investigation and curtailing of outbreaks of communicable disease and food poisoning.
- (4) The writing of an Annual Report.
- (5) The correcting of circumstances in which the various Public Health, e.g., Caravans and Clean Air Laws have been contravened.
- (6) General Welfare Work.
- (7) Health Education.
- (8) Replying to correspondence.

Bad housing and the Health Acts are the primary responsibility of the Public Health Inspector. A good Public Health Inspector does not need a Medical Officer of Health's advice in these matters since the modern Medical Officer of Health has less knowledge of them than his Public Health Inspector on these matters. Re-housing on medical grounds reflects the well-known fact that there are not enough houses to go round—the remedy lies simply in more money being spent on building—priorities could easily be judged by a points scheme based on the answers given to a questionnaire to be completed by both patient and his general practitioner. As the Medical Officer of Health's Annual Report is of far more interest to the County Medical Officer of Health, the Ministry of Health, and local doctors than to the Health Committee, this could well be abandoned at a local level; it seems strange that you should have to employ

somebody to write a report, a large part of the contents of which have no relevance to your own functions. The Report of the Senior Public Health Inspector is, however, still of value to you. It is doubtful whether the investigation of the very rare outbreak of disease by the Medical Officer of Health is conducive to good investigation or efficient results; a County or Regional Department for this purpose, with full investigative and laboratory facilities, would be much more efficient—in Tamworth here we have to send samples and swabs for analysis to Stafford; there is a wealth of epidemiological studies to be undertaken in any community but at present these are done by a few doctors who have the time and interest, and I doubt whether you would wish to equip and furnish a department for this purpose at your own expense.

This leaves only Welfare Work, Health Education, and correspondence, and I would seriously suggest that it does not take a six-year trained doctor to be a Welfare Worker nor a Health Education Officer, and all the correspondence can be answered by a good secretary if necessary with the help of the Public Health Inspector.

I submit, therefore, that all the present functions of a small Sanitary Authority Medical Officer are already being done, or would be better done, by others. Health Education and Welfare Work are probably the most important aspects of his work for the future, and he would more usefully be replaced by a full-time Health Education Officer or Welfare Officer, or both. If the Council wanted opinions on medical problems I see no harm in its co-opting a local practitioner on to the Health Committee; but the compulsory expenditure of £400—£500 a year on retaining the salaried services of an official who by his very training and outlook can never become truly a part of the Town's government in the same sense as is the Town Clerk, Treasurer, or Surveyor, seems misuse of money which could be used far more wisely, would the Central Government allow it?

I have meant this introduction to be neither a threat nor a grumble but a personal and, I hope, logical look into the not-too-distant future. A larger Borough, of course, under the present system of distribution of medical labour would warrant a Medical Officer of Health with delegated Health and Welfare functions (60,000 population) and with a smaller increase to 40,000 the Borough would be eligible to act as a Food and Drugs Authority, but even these circumstances would not affect the problems of the Sanitary duties which will remain until there is more inevitable re-thinking on Sanitary Administration.

I have no further remarks to make on my part of the Report as comments and explanations are included in the text.

I. D. McINTOSH,  
Medical Officer of Health.

# STATISTICAL SUMMARY FOR THE YEAR 1963

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Area in Acres	...	...	...	...	...	2,678
Registrar General's estimate of resident population	...	...	...	...	...	15,370
(Census, 1961)	...	...	...	...	...	13,555
(Census, 1951)	...	...	...	...	...	12,889
(Census, 1931)	...	...	...	...	...	11,711
(Census, 1921)	...	...	...	...	...	8,032
Number of Inhabited Houses (end of 1963) according to Rate Books	...	...	...	...	...	4,651
Number of Inhabited Houses (Census, 1951)	...	...	...	...	...	3,688
Number of Inhabited Houses (Census, 1931)	...	...	...	...	...	2,785
Persons per Acre	...	...	...	...	...	5.7
Rateable Value—April	...	...	...	...	...	£597,080
Product of 1d. Rate (Estimated 1963/64)	...	...	...	...	...	£2,400

# VITAL STATISTICS

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## Live Births—

		Male	Female	Total
Legitimate	...	125	123	248
Illegitimate	...	8	4	12
		<u>        </u>	<u>        </u>	<u>        </u>
Total		<u>133</u>	<u>127</u>	<u>260</u>

**Birth Rate** (Total live births per 1,000 population) ... 16.9

**Illegitimate Live Births** (per cent. of total live births) 4.6

## Stillbirths

		Male	Female	Total
Legitimate	...	2	—	2
Illegitimate	...	—	—	—
		<u>        </u>	<u>        </u>	<u>        </u>
Total		<u>2</u>	<u>—</u>	<u>2</u>

**Total Live and Stillbirths** ... 262

**Stillbirth Rate** (per 1,000 live and stillbirths) ... 7.6

## Infant Deaths (Deaths under one year)

		Male	Female	Total
Legitimate	...	4	1	5
Illegitimate	...	1	—	1
		<u>        </u>	<u>        </u>	<u>        </u>
Total		<u>5</u>	<u>1</u>	<u>6</u>

## VITAL STATISTICS

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### Early Neonatal Deaths (Deaths 0—1 week)

		Male	Female	Total
Legitimate	...	2	1	3
Illegitimate	...	1	—	1
		<hr/>	<hr/>	<hr/>
Total		3	1	4
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

### Late Neonatal Deaths (Deaths 1—4 weeks)

		Male	Female	Total
Legitimate	...	—	—	—
Illegitimate	...	—	—	—
		<hr/>	<hr/>	<hr/>
Total		—	—	—
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

### Infant Death Rate

(Deaths 0—1 year per 1,000 live births) 23.1

### Early Neonatal Death Rate

(Deaths 0—1 week „ „ „ „ ) 15.4

### Late Neonatal Death Rate

(Deaths 1—4 weeks „ „ „ „ ) 0

### Total Neonatal Death Rate

(Deaths 0—4 weeks „ „ „ „ ) 15.4

### Perinatal Death Rate

(Stillbirths plus infants dying at less  
than one week per 1,000 live and  
stillbirths) ... .. 22.9

### Deaths from all Causes

	Male	Female	Total
	98	77	175
Death Rate (per 1,000 population)	...	...	... 11.4

For your guidance some explanation of the terminology of the statistics might be helpful. The Infant Death Rate is a useful means of comparing the deaths of babies from one area to another—it is the oldest statistical device used for this purpose. The Total Neonatal Death Rate (0—4 weeks) was found to be a more sensitive index for showing the standard of care given to new-born babies in a community which in itself is reckoned to be representative of the standard of care throughout the community as a whole. This rate has recently been sub-divided into Early (0—1 week) and Late (1—4 weeks) Neonatal rates; children surviving for less than one week on the whole die from severe conditions with which they were born, e.g., congenital abnormalities; children surviving the first week and dying aged less than four weeks on the whole die from illnesses incurred after birth, and this late neonatal death is perhaps a more accurate indication of infant care. Perinatal Deaths (Stillbirths plus infants dying at less than one week) show those children who were too severely deformed to be born alive, or, if born alive, to survive, together with those babies who died as a result of misadventure during childbirth; these deaths are the subject of a large and recently published survey, and are a partial indication of the standard of care given to mothers and babies during pregnancy and labour.

Table I. shows the figures for population, live births, and deaths in the Borough for the past 10 years.

I.

Year	Estimated mid-year population	Live Births	Deaths
1954	13,270	204	174
1955	13,360	192	176
1956	13,350	212	209
1957	13,350	182	186
1958	13,370	183	177
1959	13,430	195	152
1960	13,600	227	193
1961	13,590	187	184
1962	13,780	214	180
1963	15,370	260	175

This is the first year in which the Borough's expansion, by taking "overspill" population from Birmingham, has begun to show itself in figures, firstly by an increase in population from 1962 of 1,590, and secondly by the largest number of births to Borough residents during the previous 10 years. In spite of this the number of deaths has remained constant, or even declined slightly and reflects both the youth of those who have newly come into the Borough and also the apparent increasing longevity of Borough residents.

Table II. shows various birth and death rates for the same period in the Borough:—

## II.

Year	Live birth rate	Illegitimate live-births (% of total live-births)	Still birth rate	Neonatal death rate	Perinatal death rate	Infant death rate	Death rate
1954	15.3	3.9	9.7	24.5	—	44.1	13.1
1955	14.4	1.6	20.4	10.4	—	15.6	13.2
1956	15.8	1.4	23.0	18.9	—	19.0	15.6
1957	13.6	1.6	26.7	16.5	—	38.4	13.9
1958	13.7	3.8	41.8	16.4	—	21.8	13.2
1959	14.5	5.6	57.9	20.5	—	20.5	11.3
1960	16.6	5.7	21.5	13.2	—	13.2	14.2
1961	13.7	5.3	20.9	26.8	—	32.1	13.5
1962	15.5	2.8	13.8	—	—	9.3	13.0
1963	16.9	4.6	7.6	15.4	22.9	23.1	11.4

In conformity with the rest of England and Wales, Tamworth recorded its highest birth rate since the war, and almost its lowest death rate. Particularly pleasing was the low stillbirth rate which has now fallen for four years, and even though based on small numbers can only indicate the increasing care and attention given to women while pregnant and during labour.

Also to be noted is the marked rise in the percentage of children who have been born illegitimate over the past six years. This again follows the national pattern. Whatever one's views on the morality of this, and it seems that the national conscience is becoming more tolerant (at the time of writing this report the Family Planning Association have advocated the setting up of Youth Advisory Centres to deal with contraception for unmarried people), it should be remembered that the illegitimate child is at particular risk of having a bad start in life. Where his parents are living together happily, or he is placed for adoption, then he is no more at risk than the rest of us, and stands a better chance than a child born into an unstable marriage; where, however, his mother has to fend for herself, or he is brought up by relatives in a bad home, his chances of having a normal and happy start to his life would seem to be remote.

Table III. shows how the Borough figures, after being adjusted by the Registrar General's Local Comparability Factor, compare with those for England and Wales for 1963.

## III.

	Live birth rate	Still birth rate	Perinatal death rate	Neonatal death rate	Infant death rate	Death rate
Tamworth M.B.	17.6	7.6	22.9	15.4	23.1	9.5
England & Wales 1963	18.2	17.2	29.3	14.2	21.2	12.2

It is again to be remembered that Tamworth's figures are based on small numbers and, therefore, comparative comments are without much value; it seems, however, that our figures are neither much better nor much worse than those for the country as a whole.

### CAUSES OF DEATH

Table IV.A shows how 1963 deaths compare with those of the previous five years:—

IV.A

	Total 1958	Total 1959	Total 1960	Total 1961	Total 1962	1963		
						Males	Females	Total
Tuberculosis, respiratory ..	—	1	—	1	1	1	—	1
Tuberculosis, other ..	—	—	1	—	—	—	—	—
Syphilitic disease ..	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—
Meningococcal infections ..	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—
Measles ..	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ..	1	—	—	2	—	—	—	—
Malignant Neoplasm, stomach	5	2	5	6	6	2	—	2
Malignant Neoplasm, lung, bronchus ..	3	4	9	3	6	5	—	5
Malignant Neoplasm, breast	3	1	3	5	1	—	4	4
Malignant Neoplasm, uterus	—	2	1	—	—	—	2	2
Other malignant and lymphatic neoplasms ..	14	6	17	19	17	9	13	22
Leukæmia, aleukæmia ..	1	2	3	—	—	—	—	—
Diabetes ..	1	—	1	—	3	—	1	1
Vascular lesions of nervous system ..	20	33	34	24	28	12	10	22
Coronary disease, angina ..	24	29	27	19	33	14	10	24
Hypertension with heart disease ..	—	—	2	1	6	—	2	2
Other heart disease ..	22	17	19	17	16	15	12	27
Other circulatory disease ..	23	7	14	19	14	10	5	15
Influenza ..	1	5	2	7	1	—	—	—
Pneumonia ..	10	13	14	16	7	4	3	7
Bronchitis ..	7	3	8	9	14	8	4	12
Other diseases of respiratory system ..	—	—	1	1	4	2	—	2
Ulcer of stomach & duodenum	3	2	1	2	3	—	—	—
Gastritis, enteritis & diarrhœa	—	1	—	—	—	—	—	—
Nephritis and nephrosis	3	1	1	1	—	—	—	—
Hyperplasia of prostate ..	3	1	—	1	1	1	—	1
Pregnancy, childbirth, abortion ..	1	—	—	—	—	—	—	—
Congenital malformations ..	1	—	—	2	1	1	—	1
Other defined and ill-defined diseases ..	21	15	20	21	13	6	9	15
Motor vehicle accidents ..	5	2	6	3	2	3	1	4
All other accidents ..	3	2	3	2	1	3	—	3
Suicide ..	2	3	1	3	2	1	1	2
Homicide & operations of war	—	—	—	—	—	1	—	1
Totals, all causes ..	177	152	193	184	180	98	77	175

The Registrar General now sends to all Authorities their causes of death classified by age and sex. This is reproduced complete in Table IV.B. Although at first glance more complicated than the previous Table IV.A, it is of much more value and is to be welcomed.

Table IV.B.

Causes of death at different periods of life during 1963 :

	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGES IN YEARS									
					1—	5—	15—	25—	35—	45—	55—	65—	75+	
Tuberculosis, respiratory	M	1	—	—	—	—	—	—	—	—	—	1	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
Malignant Neoplasm, stomach .. ..	M	2	—	—	—	—	—	—	—	—	1	1	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
Malignant Neoplasm, lung, bronchus ..	M	5	—	—	—	—	—	—	—	—	3	2	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
Malignant Neoplasm, breast .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	4	—	—	—	—	—	—	—	—	—	3	1	
Malignant Neoplasm, uterus .. ..	F	2	—	—	—	—	—	—	—	1	1	—	—	
Other malignant and lymphatic neoplasms	M	9	—	—	—	1	—	—	—	1	1	5	1	
	F	13	—	—	—	—	1	—	—	2	6	—	4	
Diabetes .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	1	—	
Vascular lesions of nervous system ..	M	12	—	—	—	—	—	—	—	1	1	4	6	
	F	10	—	—	—	—	—	—	—	1	1	3	5	
Coronary disease angina	M	14	—	—	—	—	—	—	1	—	5	5	3	
	F	10	—	—	—	—	—	—	—	—	1	7	2	
Hypertension with heart disease .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	2	—	—	—	—	—	—	—	—	—	—	2	
Other heart disease ..	M	15	—	—	—	—	—	—	—	1	1	6	6	
	F	12	—	—	—	—	—	—	1	—	—	4	7	
Other circulatory disease	M	10	—	—	—	—	—	—	—	—	—	3	7	
	F	5	—	—	—	—	—	—	—	—	1	1	3	
Pneumonia .. ..	M	4	—	—	—	—	—	—	—	—	1	—	3	
	F	3	—	—	—	—	—	—	—	—	—	—	3	
Bronchitis .. ..	M	8	—	—	—	—	—	—	—	2	—	4	2	
	F	4	—	—	—	—	—	—	—	1	—	1	2	
Other diseases of respiratory system ..	M	2	—	—	—	—	—	—	—	—	1	—	1	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
Hyperplasia of prostate	M	1	—	—	—	—	—	—	—	—	1	—	—	
Congenital malforma- tions .. ..	M	1	—	1	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
Other defined and ill-defined diseases ..	M	6	2	—	—	—	1	—	—	—	1	1	1	
	F	9	1	—	—	—	—	—	—	—	—	2	6	
Motor vehicle accidents	M	3	—	—	—	—	1	—	—	1	—	1	—	
	F	1	—	—	—	—	—	—	—	—	—	—	1	
All other accidents ..	M	3	—	1	—	—	—	—	1	1	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
Suicide .. ..	M	1	—	—	—	—	—	—	—	—	—	—	1	
	F	1	—	—	—	—	—	—	—	—	—	1	—	
Homicide and operations of war	M	1	1	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
Total all causes ..	M	98	3	2	—	1	2	—	3	7	16	33	31	
	F	77	1	—	—	—	—	1	1	4	10	24	36	

I have extracted some information from Table IV.B and have included it in Table V. below:—

V.

Causes of death	Babies 0-1 yrs.			Children 1-15 yrs.			Working age 15-65 yrs.			Retired 65+			All Ages		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
All causes ..	5	1	6	1	0	1	28	16	44	64	60	124	98	77	175
Malignant conditions only ..	0	0	0	1	0	1	6	10	16	9	9	18	16	19	35
Vascular and Heart Disease only ..	0	0	0	0	0	0	11	5	16	40	34	74	51	39	90

### Deaths at Working Age

25.2% of all deaths were of men and women of working age. This means that 44 (28 men and 16 women) people died at an age when their families could least afford to lose them.

### Deaths of Retired Persons

70.8% of all deaths were of people who had passed retiring age.

### Deaths from Malignant Conditions, i.e. Cancers

There were 35 deaths from Cancer and similar conditions, and this represents a figure of 20% of all deaths (16.3% of male and 24.7% of female deaths). Included in these were five deaths from Lung Cancer (three men aged 55-65 years, and two men aged 65 and over).

### Vascular and Heart Disease

There were 90 deaths in this group. These are the men and women who died of Strokes, Heart attacks and other diseases of the Heart and Blood vessels, and they represent 51.4% of all deaths in the Borough (52% of male and 50.7% of female deaths). Of these 90 deaths, 16 occurred in the working age groups and 74 in the retired group. Similarly 36.4% of all deaths in the working age group and 59.7% of all deaths in the retired age group were due to Heart or Vascular disease.

These figures compare with those for the Country as a whole.

Thus over half the deaths in the Borough were caused by disease of the Heart or Blood vessels—a group of disorders whose reputed causes remain legion and which for many years will continue to exact their high toll.

It is customary these days to speak of preventable deaths, that is, those deaths which, in theory, should never have occurred either because they were criminal or due to carelessness, or because the underlying disease should never have been contracted, or was eminently curable. Into these categories can be placed 12 deaths during the year, that is 6.8% of all deaths in the town. Four people died in motor vehicle accidents, three in other accidents (two of them at work), two people committed suicide, and there was one death as the result of homicide; similarly one person died from Respiratory Tuberculosis, a disease which should never be caught in this day and age as the means of prevention are well-known if not always well-applied, and one person died from a disease which should have been obvious to herself and to her friends and neighbours (if she had any) and for which there is a very effective treatment.

It is very probable that, hidden away in all the other death statistics for the town, there are people who really ought not to have died during the year. The very cold weather at the beginning of the year almost certainly “carried off” a few old men and women whose homes were not properly heated, and it is also possible that one or two of the unfortunate women who died of cancer of the breast or womb need not have succumbed if they had recognised, or sought advice for, the early symptoms of their illnesses—that is the lumps in the breast, or the unusual vaginal bleeding. There are, no doubt, others who could have lived longer if they had paid more attention to their health, for example by not smoking cigarettes, or keeping their weight down. Although death is inevitable for all of us, it seems unnecessary and sometimes even selfish, if we have dependants, to go before it is absolutely necessary.

**TUBERCULOSIS**

New Cases and Mortality during 1963

AGE PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0-1	—	—	—	—	—	—	—	—
1-5	—	—	—	—	—	—	—	—
5-15	—	—	—	—	—	—	—	—
15-25	—	—	—	—	—	—	—	—
25-35	—	—	—	—	—	—	—	—
35-45	—	—	2	—	—	—	—	—
45-55	—	—	—	—	—	—	—	—
55-65	1	—	—	—	—	—	—	—
65 & over	—	—	—	—	1	—	—	—
TOTALS	1	—	2	—	1	—	—	—
	1		2		1		—	



An analysis of cases placed on the register during the past four years (see Table VIII.)

## VIII.

	Inward Transfers		New cases arising in Tamworth
	From Birmingham	From other areas	
1960	2	2	7
1961	2	—	8
1962	6	3	—
1963	5	2	3
Totals	15	7	18

shows that 22 were Inward Transfers from Birmingham and elsewhere and 18 were cases arising in Tamworth itself either amongst people resident for some time or amongst people recently come to the town. From the end of 1959 until the end of 1963, the Borough's population increased by about 2,250, of which figure 186 was an excess of births over deaths; of the remainder, about 2,050, all must have immigrated into the town. The prevalence, therefore, of Tuberculosis amongst immigrants as they came to the town was 22 : 2,050 or approximately 1 : 90 or 95. All the remaining cases on the register, 85 in number, were cases already existing in, or newly notified in, Tamworth as a whole, older and newer residents alike, about 15,500 in all at the end of 1963. The prevalence, therefore, of Tuberculosis amongst residents was 85 : 15,500, or 1 : 180 approximately. Thus it seems not only that more than 1% of all people coming to live in Tamworth were under supervision or receiving treatment for Tuberculosis, but also that Tuberculosis was twice as common amongst immigrants than amongst residents during the same period. I can read nothing particularly sinister into these figures except to suggest that they reflect the bad social conditions from which people are escaping when they come to live in Tamworth. There has been no marked rise in the number of new cases of Tuberculosis, which suggests that the imported tubercle bacilli have not been able to make any marked impression on the rest of the community. A close watch, however, should be kept on new notifications in order to make sure there is no sign of an increase.

## IX.

## NOTIFIABLE INFECTIOUS DISEASES OTHER THAN TUBERCULOSIS

The following table shows the number of cases of infectious diseases, other than tuberculosis, notified during the year, and also shows, for comparison, the number of cases notified in each of the preceding ten years:—

Disease	Total 1953	Total 1954	Total 1955	Total 1956	Total 1957	Total 1958	Total 1959	Total 1960	Total 1961	Total 1962	Total 1963
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	21	7	—	2	4	7	7	2	2	7	5
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever (including Paratyphoid) ... ..	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ... ..	5	—	—	1	—	—	—	—	—	—	—
Pneumonia ... ..	16	9	11	12	9	8	5	4	5	2	7
Erysipelas ... ..	5	2	5	1	—	1	3	3	4	1	3
Encephalitis Lethargica ... ..	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ... ..	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ... ..	—	—	2	—	7	—	—	—	—	1	—
Ophthalmia Neonatorum ... ..	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	58	54	22	12	5	29	4	9	7	1	1
Measles ... ..	76	1	302	—	94	146	8	30	341	30	3
Meningococcal Infection ... ..	—	—	—	—	—	—	—	—	—	—	154
Food Poisoning ... ..	—	—	—	1	1	—	—	—	—	—	—
Dysentery ... ..	—	—	—	—	—	—	—	—	—	1	6
Totals ... ..	181	73	342	29	120	191	27	48	359	43	179

**FOOD POISONING**

Food Poisoning Notifications (corrected) returned to R.G.

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
—	—	—	—	Total, —

Outbreaks due to Identified Agents:

Total outbreaks, Nil.

Total Cases, Nil.

Outbreaks of Undiscovered Cause:

Total outbreaks, Nil.

Total Cases, Nil.

Single Cases:

Agent identified, Nil. Unknown causes, Nil. Total, Nil.

**DIPHTHERIA IMMUNISATION**

	Born in							
	1963	1962	1961	1960	1959	1954-58	1949-53	Total
(a) Number of children who completed a full course of primary immunisation during 1963 ...	22	39	17	1	—	2	—	81
(b) Number of children who received a re-inforcing injection during 1963 ....	—	1	7	—	1	9	—	18

**WHOOPIING COUGH IMMUNISATION**

Number of children who received a primary course of pertussis vaccine (singly or in combination) during 1963 ...

22 39 17 1 — 2 0 81

**SMALLPOX VACCINATION**

	(Age)	Under 1	1	2-4	5-14	15 & over	Total
Vaccination	...	3	8	4	—	4	19
Re-vaccination	...	—	—	—	—	4	4

**TETANUS INOCULATION**

	0-4	5-14	Total
(either singly or in combination)			
Initial ...	81	2	83
Reinforcing ...	7	11	18

**POLIOMYELITIS VACCINATION**

I am sorry that figures relating to individual districts within the Area are still not available as records are kept in a form most convenient for County and Ministry Returns. The following information may, however, be of interest to you:—

Total number of persons in the Area who had completed a primary course of injections at 31-12-63 was ...	55,872
Total number of boosters (3rd doses) given ...	38,268
Total number of 4th doses given ...	8,489
Estimated population of Area (Mid. 1963) ...	144,980
Estimated population of Tamworth M.B. (Mid. 1963) ...	15,370

X.

**HOUSING**

The following table gives details of the Council's post-war housing programmes.

	<b>Fazeley Road</b>		<b>Amington Road</b>		<b>Gillway</b>		<b>Bolehall Estate</b>		<b>Lichfield Street</b>		<b>Bolebridge Street</b>		<b>Leyfields</b>		<b>Moor St.</b>
	No. of Dwellings Allocated	No. of Dwellings Completed	No. of Dwellings Allocated	No. of Dwellings Completed	No. of Dwellings Allocated	No. of Dwellings Completed	No. of Dwellings Allocated	No. of Dwellings Completed	No. of Dwellings Allocated	No. of Dwellings Completed	No. of Flats Allocated	No. of Flats Completed	No. of Dwellings Allocated	No. of Dwellings Completed	Allocated
1947	66	42	52	—	—	—	—	—	—	—	—	—	—	—	—
1948	40	24	52	26	—	—	—	—	—	—	—	—	—	—	—
1949	60	2	—	78	—	—	—	—	—	—	—	—	—	—	—
1950	84	76	—	—	—	—	—	—	—	—	—	—	—	—	—
1951	—	106	—	—	146	—	—	—	—	—	—	—	—	—	—
1952	—	—	—	—	156	114	—	—	—	—	—	—	—	—	—
1953	—	—	—	—	102	192	—	—	—	—	—	—	—	—	—
1954	—	—	—	—	100	92	—	—	—	—	—	—	—	—	—
1955	—	—	—	—	—	86	—	—	—	—	—	—	—	—	—
1956	6	6	—	—	21	30	12	—	—	—	—	—	—	—	—
1957	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—
1958	—	—	—	—	—	—	—	12	68	—	76	—	—	—	—
1959	—	—	—	—	—	—	—	—	—	68	—	76	—	—	—
1960	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1961	—	—	—	—	—	—	—	—	—	—	—	—	850	2	—
1962	—	—	—	—	—	—	—	—	—	—	—	—	—	406	—
1963	—	—	—	—	—	—	—	—	—	—	—	—	—	355	29
	256	256	104	104	525	525	12	12	68	68	76	76	850	763	29

**Housing Applications:**

List at 1st January, 1963—	House-holders.	Lodgers.	Total.
Applicants residing in the Borough	207	167	374
Applicants residing outside Borough	252	178	430
	<u>459</u>	<u>345</u>	<u>804</u>

## List at 31st December, 1963—

Applicants residing in the Borough	216	188	402
Applicants residing outside Borough	279	220	499
	<u>495</u>	<u>408</u>	<u>901</u>

## WATER SUPPLY

The following description of the Borough's Water Supply, as requested by the Ministry, has been supplied by the Engineer in Chief to the South Staffordshire Waterworks Company, to whom I am indebted.

- (a) The water supply to the area has been satisfactory in quality and quantity.
- (b) The supply to the Borough of Tamworth is derived from Hopwas Pumping Station and three pumping stations outside the boundaries of the Authority. Regular and frequent samples, both bacteriological and chemical, are examined from the pumping stations. Bacteriological samples of the water prior to chlorination are also examined.

During 1963, 223 samples of chlorinated water were examined. Of these 220 were free from all forms of coliform bacteria, as were 349 out of 363 samples of the raw water. Only traces of fluoride were present in the supplying stations' waters.

Nine samples were examined from the Company's District Office in Tamworth, and all were satisfactory. The average chemical results of these samples were:—

pH	...	...	...	7.4			
Alkalinity (CaCO <sub>3</sub> )	...	...	...	145	parts	per	million
Chlorides (Cl)	...	...	...	34.6	"	"	"
Ammoniacal Nitrogen (N)	...	...	...	Trace	"	"	"
Albuminoid Nitrogen (N)	...	...	...	Trace	"	"	"
Oxidised Nitrogen (N)	...	...	...	7.6	"	"	"
Oxygen absorbed (3 hr. at 27°C)	...	...	...	.12	"	"	"
Temporary Hardness	...	...	...	139	"	"	"
Permanent Hardness	...	...	...	108	"	"	"
Total Hardness	...	...	...	247	"	"	"
Iron (Fe)	...	...	...	.02	"	"	"
Manganese (Mn)	...	...	...	Nil	"	"	"
Zinc (Zn)	...	...	...	Nil	"	"	"
Copper (Cu)	...	...	...	Trace	"	"	"
Lead (Pb)	...	...	...	Nil	"	"	"
Free Cl	...	...	...	Nil	"	"	"

- (c) The waters are not liable to plumbo-solvency, all nine samples from the District Office being free from any detectable quantity of lead.
  - (d) In cases of possible contamination, such as burst or damaged mains, emptying reservoirs, etc., emergency chlorination is performed, special apparatus and staff being available for this work. New mains, etc., are not brought into use until the water has been examined and proved satisfactory.
  - (e) The number of houses with a piped water supply in the Borough of Tamworth at 31st December, 1963, was 5,220 and the number of houses supplied by means of an outside standpipe was eight only.
- 

## **OPEN-AIR SWIMMING BATHS**

Routine samples were taken during the summer months when the baths were open. Bacteriological analyses were all satisfactory. "Break-point" chlorination was used.

These baths are a very valuable health asset to the Borough and are well patronised.

**Labelling of Food Order, 1953.****Food and Drugs Act, 1955.**

The following samples were obtained in the Borough by the County Sampling Officers :

**MILK**

Tuberculin Tested (Pasteurised)	...	...	14
Pasteurised	...	...	9
Sterilised	...	...	7
All were genuine.			

**GENERAL FOODS AND DRUGS**

In all, 65 samples were taken of which one was found to be below standard :—

**1. General Foods :**

Asthma Remedy	Instant Coffee
Abricon Sauce	India Beef Curry
Asparagus Tips	India Chicken Curry
Bread and Butter	Ice Lolly Syrup
Baked Beans with Sausages	Lemon Curd
Buttercrisp Biscuits	Lychnes in Syrup
Beef Chipolatas	Lemon Jelly Marmalade
Butter Shortbread	Malt Vinegar
Chocolate Whisky Bottles	Minced Meat
Casserole Meat	Madeira Cube Mix
Corned Beef	Oil
Cut Mixed Peel	Potato Flakes
Compound Raspberry Leaf Tablets	Pork Sausage (2)
Concentrated Natural Vitamin Capsules	Pork Chipolatas
Calamine and Beradryzl Lotion	Polymiamin Tonic Tablets
Chicken Stock Cubes	Rum Butter
Draught British Sherry	Slimming Biscuits
Formamint Tablets	Spaghetti with Meat Balls
Gin (8)	Tea
Ginger Beer	Table Jelly
Ginger Beer Shandy	Tonic Tablets
Ground Almonds	Vitamin Drops
Horseradish and Beetroot Sauce	Vitamin and Iron Supplement
Hæmatinic Compound with Liver Extract	Whisky (8)
	Yogfruit
	Red Salmon

**22 B/T Formal.**

Casserole Meat: Contained 75% meat, 25% gravy and should be described as Casserole Meat with Gravy. (Awaiting decision of Food Standards Committee on tinned meat.)

# ANNUAL REPORT

## OF

# THE SENIOR PUBLIC HEALTH INSPECTOR

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To the Chairman and Members of the Health and  
Housing Committee.

Mr. Chairman, Ladies and Gentlemen,

### HOUSING

During the year 103 houses have been dealt with under the various provisions of the Housing Act, 1957, as follows:—

Sections 16—17	Clearance Orders	...	...	1
	Demolition Orders	...	...	23
Clearance Orders Confirmed:				
	Upper Gungate No. 1 Clearance Order	...	...	3
	Upper Gungate No. 2	„	„	7
	Amington Road No. 1	„	„	4
	Fazeley Road No. 1	„	„	2
Orders submitted and awaiting confirmation :				
	Peel Street Clearance Order	...	...	35
	Brewery Lane Compulsory Purchase Order	...	...	28
				103

### **Housing Repairs and Rent Act, 1954. House Purchase and Housing Act, 1959.**

Fifty-three applications were received for grants to improve properties, 51 of these were for Standard Grants.

### **Rent Act, 1957.**

No applications for certificates of disrepair were received during the year.

## SANITARY ACCOMMODATION

The number of types of closet accommodation existing at the end of the year is as follows—

No. of Houses	No. of Privies	No. of Pails	No. of Water Closets	Per cent. Dry	Per cent. Water Closets
4,651	6	34	5,594	0.71	99.29

The privy and pail type of closet are in the rural parts of the Borough where no sewer is available.

There are approximately 20 premises served by a system of drainage discharging to cesspools.

## INSPECTIONS

The following statement shows the number of visits and inspections to various classes of premises.

Visits and Inspections				Number
Inspection of drains of old property	...	...	...	32
Other inspections of existing property	...	...	...	224
To work in progress	...	...	...	219
„ test drains and sanitary fittings	...	...	...	17
„ premises re infectious diseases	...	...	...	7
„ tuberculous cases	...	...	...	3
„ respecting disinfection	...	...	...	9
„ cowsheds, dairies and milkshops	...	...	...	31
„ bakehouses	...	...	...	27
„ slaughterhouses	...	...	...	562
„ manure steads	...	...	...	2
„ factories	...	...	...	22
„ outworkers' premises	...	...	...	6
„ shops re Shops Acts	...	...	...	187
„ „ re Meat Regulations	...	...	...	62
„ food inspection	...	...	...	182
„ offensive trades	...	...	...	—
Miscellaneous visits	...	...	...	124
Housing Acts	...	...	...	267
Caravans	...	...	...	53
Rodent Control	...	...	...	357
				2,393

## COMPLAINTS

Nature of Complaint	Number Received
Choked passage drain ... ..	15
„ sink waste pipe ... ..	5
„ water closet ... ..	24
„ yard drain ... ..	9
Defective water closet basin ... ..	3
„ dust bin ... ..	99
„ wall and ceiling plaster ... ..	24
„ house roof ... ..	20
„ windows ... ..	12
„ kitchen sink ... ..	2
„ cooking range ... ..	1
„ floors ... ..	15
„ doors and frames ... ..	3
„ wash-houses and washing coppers	1
„ yard surface ... ..	4
„ walls ... ..	24
„ gutters ... ..	14
„ drains ... ..	16
Dampness of house ... ..	39
Accumulation of refuse ... ..	13
Dirty house ... ..	2
General insanitary conditions ... ..	2
House infested with vermin ... ..	4
Nuisance from keeping animals ... ..	2
Accumulation of manure ... ..	2
Rat infested premises ... ..	134
Emission of smoke ... ..	5
Miscellaneous ... ..	59
	553

To secure the abatement of these defective conditions, 94 informal notices were served.

# FACTORIES ACT, 1937—1961

26

Premises	Number on Register	Number of			Occupiers prosecuted
		Inspections	Written notices		
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	13	8	—		—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	103	14	5		—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	—	—	—		—
Total ...	116	22	5		—

  

Particulars	Number of cases in which defects were found				Number of Cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	Referred By H.M. Inspector	
<b>Sanitary Conveniences (S.7)</b>					
(a) Insufficient ...	2	2	—	—	—
(b) Unsuitable or defective ...	1	1	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Total ...	3	3	—	—	—

Six persons were returned as Outworkers under the Act, and these were engaged on wearing apparel. Visits were made and in each case the home conditions were considered suitable.

**FOOD HYGIENE (GENERAL) REGULATIONS, 1960.**

There are twenty-three butchers' shops, six bakehouses and thirty-four food preparing premises in the Borough.

Routine visits have been made during the year and together with the requirements of the above Regulations and in the face of everyday competitive trading, purveyors of food-stuffs are improving their premises.

## **DAIRY FARMS, DAIRIES, RETAIL PURVEYORS OF MILK**

Cowkeepers	...	...	...	6
Dairies	...	...	...	2
Retail Purveyors	...	...	...	12

The Borough of Tamworth is included in a Specified Area and all dairymen who retail milk in the Borough must sell milk under special designation. The special designations authorised to be sold are "Pasteurised," "Sterilised" and "Tuberculin Tested."

All retailers obtain their supplies so treated and bottled from wholesalers outside the Borough.

## **PREVENTION OF DAMAGE BY PESTS ACT, 1949**

An employee of the Council is trained and engaged in part-time rodent control work.

Three hundred and fifty-seven inspections were made and 134 premises were found to be infested. The facilities provided by the Council were made available to the owners or occupiers and the infestations were successfully treated by pre-baiting and poisoning.

Half-yearly treatment of the sewers and periodical treatment of the Council's refuse disposal tip has been carried out.

## **SANITARY SUPERVISION OF PLACES OF AMUSEMENT**

The cinema and other places of entertainment have been periodically inspected with regard to the sanitary accommodation.

The managements have been found anxious to maintain the conveniences in a satisfactory condition, and any defects found have at once been remedied.

# PUBLIC HEALTH (MEAT) REGULATIONS, 1924-1935

## Slaughter of Animals Acts, 1933-1958.

There are two licensed slaughterhouses in the Borough which are used by five butchers.

The following animals have been killed:—

	Cattle.	Calves.	Sheep.	Pigs.
1962	... 758	19	1,988	2,538
1963	... 764	11	1,771	2,580

### Meat Condemned

Weight in lbs.

3 pig Carcases, Fevered	...	...	89
1 „ „ Pneumonia	...	...	32
1 „ „ Jaundice	...	...	60
1 calf „ Immature	...	...	30
			<u>211</u>

### Organs:

Cattle	...	...	...	762
Calves	...	...	...	—
Sheep	...	...	...	6
Pigs	...	...	...	710
				<u>1,478</u>

Other Foods	...	...	...	<u>3,729</u>
Total amount condemned	...	...	...	<u>5,418</u>

= 2 tons, 8 cwts. 1 qr. 14 lbs.

*Carcases Slaughtered and Examined*

	Cattle excluding Cows	Cows	Cow/ Heifers	Calves	Sheep	Pigs
1962 Number killed	551	1	206	19	1988	2538
1963 Number killed	481	3	280	11	1771	2580
Number Inspected ...	481	3	280	11	1771	2580
<b>Diseases except Tuberculosis</b>						
Whole carcases condemned ...	—	—	—	1	—	5
Carcases of which some part or organ was condemned ...	31	1	24	—	2	119
Percentage of the number inspected affected with disease other than Tuberculosis ...	6.4	33.3	8.6	9.1	.1	4.8
<b>Tuberculosis only</b>						
Whole carcases condemned ...	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	1	—	—	—	—	37
Percentage of the number inspected affected with Tuberculosis ...	.2	—	—	—	—	1.4
<b>Cysticercus Bovis</b>						
Carcases of which some part or organ was condemned ...	2	—	—	—	—	—
Submitted to refri- geration ...	1	—	—	—	—	—
Generalised & totally condemned ...	—	—	—	—	—	—

I am, ladies and gentlemen,  
Your obedient servant,  
H. BIRCHWOOD,  
Senior Public Health Inspector.



